

Claire McCaskill

Missouri State Auditor

June 2005

MENTAL HEALTH

Office of Information Systems

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The following was discovered as a result of an audit conducted by our office of the Department of Mental Health, Office of Information Systems (OIS).

The oversight and monitoring by the Department of Mental Health (DMH) of vendors engaged in the development of the department's Customer Information Management, Outcomes and Report (CIMOR) computer system has been inadequate. System development costs and timeframes have significantly exceeded expectations. According to department records, system development costs, as of June 30, 2004, totaled over \$6 million and the implementation date for the first part of the system is now planned for spring 2005. The Director of OIS estimated that for the four years ended June 30, 2004, the department spent approximately \$8,664,000 for computer hardware, such as network upgrades, servers, and PCs which are directly related to the CIMOR project. The funding for the CIMOR project has been achieved by redirecting resources from other systems and services, which included a combination of Office of Information System's (OIS) core money, facility funds, and other department funds.

In September 2000, the DMH and the Office of Administration (OA) awarded a contract, totaling \$3.7 million, to Innovative Systems, Inc. (iServ), for software and license, installation, and training for a comprehensive, integrated computer system. The DMH and iServ amended the contract twice to reflect changes to the software platform, payment and delivery schedule, and other changes. The DMH and OA terminated the contract with iServ in January 2003 because iServ had not complied with the delivery schedule, had delivered software without the required functionality, or had not performed in accordance with other provisions of the contract. DMH immediately hired Rose International (Rose), a subcontractor under the iServ contract, to complete the project. However, Rose did not deliver a functional system either. Rose and DMH negotiated a new agreement in which DMH paid Rose over \$480,000 for the additional work on phase one functions exceeding the original scope.

In March 2004, DMH personnel took over the system development with help from Rose personnel. The CIMOR October 2004 news release indicated that the project's Foundation Release in Spring 2005 would include system administration, organization management, contract management, service codes, and appropriation/allocation management. It is clear that significant, additional costs will be incurred to complete all aspects of the CIMOR project. However, the DMH has not developed an estimate of additional expected costs for the completion of the project, and the oversight committee is again expressing concern about schedule overruns in the development of CIMOR phase two functions.

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DEPARTMENT OF MENTAL HEALTH OFFICE OF INFORMATION SYSTEMS

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STATE AUDITOR'S REPORT



Honorable Matt Blunt, Governor and Missouri Mental Health Commission and Dorn Schuffman, Director Department of Mental Health Jefferson City, MO 65102

We have audited the Department of Mental Health, Office of Information Systems. The scope of this audit included, but was not necessarily limited to, the years ended June 30, 2004 and 2003. The objective of this audit was to review the effectiveness of the department's oversight and monitoring practices relating to the development of the department's Customer Information Management, Outcomes and Reporting (CIMOR) system.

Our methodology to accomplish this objective included reviewing minutes of meetings, written policies, financial records, and other pertinent documents; interviewing various personnel of the department; and testing selected transactions.

In addition, we obtained an understanding of internal controls significant to the audit objective and considered whether specific controls have been properly designed and placed in operation. However, providing an opinion on internal controls was not an objective of our audit and accordingly, we do not express such an opinion.

Our audit was conducted in accordance with applicable standards contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and included such procedures as we considered necessary in the circumstances.

The accompanying History, Organization, and Statistical Information is presented for informational purposes. This information was obtained from the department's management and was not subjected to the procedures applied in the audit of the department.

The accompanying Management Advisory Report presents our finding arising from our audit of the Department of Mental Health, Office of Information Systems.

Claire McCaskill State Auditor

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March 1, 2005 (fieldwork completion date)

The following auditors participated in the preparation of this report:

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MANAGEMENT ADVISORY REPORT - STATE AUDITOR'S FINDING

DEPARTMENT OF MENTAL HEALTH OFFICE OF INFORMATION SYSTEMS MANAGEMENT ADVISORY REPORT -STATE AUDITOR'S FINDING

Computer System Development

The oversight and monitoring by the Department of Mental Health (DMH) of vendors engaged in the development of the department's new computer information system has been inadequate. This deficiency has resulted in cost overruns and system development delays.

Originally expected to be completed by December 31, 2002, the DMH currently expects the first part of the system (Foundation Release) to be completed by Spring 2005. Through June 2004, the DMH paid vendors approximately \$6.2 million for system development – about \$2.4 million more than the total initial contract for system development and training.

Background Information

In September 1999, the DMH and the Office of Administration (OA), Division of Purchasing and Materials Management, issued a request for proposals for the purchase of a comprehensive, integrated computer system, subsequently named Customer Information Management, Outcomes and Reporting (CIMOR), to replace, enhance, and integrate the various clinical, financial, and administrative systems used throughout the department. The CIMOR is intended to provide for the intake and tracking of consumers, maintenance and tracking of department funding and program expenditures, recording of clinical encounters, generating claims for payment when appropriate, and conformance to federal requirements for security, privacy, and electronic transactions. The DMH wanted to purchase a software package from a vendor which could be modified for its use.

In September 2000, the DMH and OA awarded a contract, totaling \$3.75 million, to Innovative Systems, Inc. (iServ), for software and license, installation, and training. As required by the contract with iServ, the DMH designated employees to participate on an implementation team, which was responsible for overall project management and the development of system requirements. The implementation team assigned employees with expertise in the various operational areas to work groups. These work groups met as necessary to develop requirements for components of the system. The team members usually met weekly throughout the project and its activities included reviewing the functionality of software provided by the vendors. In March 2001, the DMH and iServ developed an implementation plan forecasting project completion on December 31, 2002.

The DMH also formed an oversight committee to monitor the project status and performance of the contractor. This 14 member oversight committee was composed of

13 individuals with the DMH and one person from iServ. Beginning in September 2001, the DMH contracted with an oversight vendor to assist in project oversight by regularly reviewing the project status and progress and offering recommendations to address project issues. The oversight committee usually met monthly throughout the project. Although iServ employees did not work on-site at the DMH's central office, certain employees were made available by iServ for meetings with the department's implementation team and oversight committee.

Subsequently, the DMH and iServ amended the contract twice to reflect changes to the software platform, payment and delivery schedule, and other changes. The DMH and OA terminated the contract with iServ in January 2003 because iServ had not complied with the delivery schedule, had delivered software without the required functionality, or had not performed in accordance with other provisions of the contract. Immediately after canceling the contract with iServ, the DMH hired Rose International (Rose), a subcontractor under the iServ contract, to complete the project.

The funding for the CIMOR project has been achieved by redirecting resources from other systems and services, which included a combination of Office of Information System's (OIS) core money, facility funds, and other department funds. The DMH received a one-time appropriation, totaling \$5.9 million, in fiscal year 2002 for technical planning assistance, server computers, and other network equipment. In addition, starting in 2002, OIS began receiving federal funding of approximately \$2 million per year. These federal funds are a result of Medicaid reimbursements for time spent by OIS for the development of Medicaid applications in CIMOR.

Project Costs

System development costs and timeframes have significantly exceeded expectations. As noted above, the initial cost estimate for the software development was \$3.75 million with an implementation date of December 31, 2002. According to department records, system development costs, as of June 30, 2004, totaled over \$6 million and the implementation date for the first part of the system is now planned for spring 2005.

The software development and oversight costs for the CIMOR project for the four years ended June 30, 2004 were:

<u>Vendor</u> <u>Services</u>		Cost	
Project vendors:			
IServ	Software development	\$	3,339,191
Rose International	Software development		2,127,043
Other vendors	Software and consulting for		717,596
	consumer banking and pharmacy		
	and pharmacy data bank.		
Total project vendors			6,183,830
DMH and oversight:			
DMH staff	Project management and support		1,175,658
Oversight vendor	Project oversight		177,247
Total DMH and oversight			1,352,905
Total costs		\$	7,536,735

According to OIS personnel, the total computer hardware costs of the CIMOR project is difficult to calculate because some infrastructure improvements are integrated with other expenses. For example, it is not possible to separate all normal replacement and upgrade expenses from those needed for CIMOR, since, in most cases, these are strategically the same. However, the Director of OIS estimated that for the four years ended June 30, 2004, the department spent approximately \$8,664,000 for computer hardware, such as network upgrades, servers, and PCs which are directly related to the CIMOR project. In addition, numerous hours were spent by department personnel on CIMOR but these costs were not identified as CIMOR expenditures.

Problems Identified

<u>iServ</u>

The DMH paid iServ over \$3.3 million for system development services as follows:

Service	Amount Paid
Planning	\$ 600,060
Prototype	400,000
Software licenses	220,000
Training plans	275,000
Software deliverables	1,520,000
Work group activities	324,131
Total	\$ 3,339,191

However, in January 2003, the state cancelled the contract with iServ for significant breaches of a number of contractual obligations, including pharmacy software license not received, and failure to provide source code, to fulfill deliverable schedules, and to provide technical training.

The following appeared to contribute to the department not receiving a viable system from iServ:

• The department approved changing the software platform twice, which resulted in additional development time and cost. The original agreement with iServ provided for a client-server based system. A year later, in September 2001, the contract was amended to change to a web-based system. According to OIS personnel, the first year of the contract mainly involved planning for the development of CIMOR. Thus, no work was done on the client-server system and the software was developed on the web-based system.

Then, iServ abandoned the web-based system and recommended the use of a more technologically advanced internet system, Microsoft.NET. The DMH believed it would be cost prohibitive to cancel the contract and rebid the services due to the significant investment in the iServ product, and that it would be beneficial for the department to switch to the new system. Thus, the contract was amended in September 2002 for this and other changes. The amendment provided for payments totaling over \$2.6 million for the revised list of deliverables and with the final system acceptance set for August 2003.

- It appears the department did not always clearly define its expectations and requirements, which caused disagreements between the department and iServ. The minutes of the implementation team and oversight committee indicated there was some uncertainty regarding what was or was not in CIMOR. There was some confusion about whether the department or iServ would enter business rules data into CIMOR. In addition, the department and iServ differed on what was included in maintenance and user support or when the department should begin paying for maintenance and user support. Also, the "first half" of the training curriculum was not well defined. In May/June 2002, the oversight committee noted that the "current DMH/iServ communications processes via both formal [PAQ (project assessment quotation), contract, amendments] and informal (email, verbal) methods are recognized as insufficient."
- Although the department believed that iServ consistently failed to provide the promised functionality on the delivered software, the department sometimes paid for the deliverable. For example, the department paid the contract price, totaling \$290,000, for the August 2002 and October 2002 software releases, installation, and documentation from iServ although the release lacked the required functionality and iServ did not supply the source code. Also, the implementation team meeting minutes noted the "functionality of the May 2002 deliverable was not accepted", however, the team recommended the invoice for the deliverable be paid to acknowledge that additional functionality was provided.
- In December 2002, the department paid iServ \$200,000 for the delivery of a software license for a pharmacy subsystem to be purchased and installed by iServ; however, iServ never provided the software license or any other requirements for the pharmacy

subsystem. After cancellation of the iServ contract, it was necessary for the department to purchase the software license for the pharmacy sub-system directly from the vendor subcontracted by iServ to provide the pharmacy software and license. According to OIS personnel, they issued the payment to iServ without receipt of the pharmacy license because they were confident of the functionality of the pharmacy subsystem as two department facilities had previously acquired the pharmacy product and were using it successfully.

- Some issues cited by the OA for cancellation of the contract existed for months before the department and OA acted to cancel the contract. Generally, the implementation team would note deficiencies in iServ's software releases and list those items for iServ to correct in the next software release. OIS personnel indicated the department did not take action against iServ to cancel the contract due to the significant time already invested in the contract.
- On several occasions, the DMH extended the timeframe for the implementation of CIMOR because state funds available for CIMOR development were reduced due to the state budget situation.

Rose

The DMH paid Rose over \$2 million for development services provided through June 30, 2004, as follows:

<u>Service</u>	Amount Paid		
Initial technical review	\$	13,530	
Data model support		52,050	
WITS framework		9,515	
Federal requirements compliance review		44,548	
Phase 1 requirement, prototypes, and software		1,763,572	
Debugging phase 1 and phase 2 development		243,828	
Total	\$	2,127,043	

The DMH made several changes in the project after canceling the contract with iServ. In January 2003, the DMH contracted with Rose to review the project, develop a staffing plan to complete the project, and, for each of the system's functional areas, develop the requirements, documents, and prototype, and develop and deliver the software. In February 2003, the DMH began committing some of its staff to work with Rose on the system development.

The DMH divided the remaining projects into two phases. Phase one, projected to be complete in October 2003, consisted of critical business functions needed for compliance with the new federal Health Insurance Portability and Accountability Act (HIPPA) of 1996 requirements effective in October 2003. Phase two is for other automated functions to be developed after the completion of phase one.

However, Rose did not delivery a functional system either. The following contributed to this result:

- Rose was late with most phase one deliverables. They delivered the requirements and prototypes for most of the subject areas several weeks after the expected dates, and the delivery of most software for phase one occurred in March 2004, five months after the planned delivery in October 2003. The oversight vendor noted continued delays in analysis, design, and development.
- When it became apparent the CIMOR system would not be implemented by October 2003, the DMH had to develop a "legacy bridge" to its existing systems to be compliant with the new federal law. Some of this additional software development would have been unnecessary if the CIMOR system had been completed when originally planned.
- It appears deficiencies in the documentation of project scope, in the communication of the scope, and in the definitions of the responsibility of both parties contributed to the delays in the system development. In response to the concerns raised by the oversight vendor regarding ambiguities in project scope and the management of deliverable timeframes, DMH developed a scope document and required Rose to develop improvement plans related to the missed timeframes.

However, these measures were still not sufficient to prevent additional scope disagreements and missed timeframes. As a result, Rose and the DMH negotiated a new agreement in which the DMH paid Rose over \$480,000 for the additional work on phase one functions exceeding the original scope.

More effective performance monitoring of the vendors and better management of deliverables and payments could have helped ensure the DMH received full value in exchange for payments made. In addition, clear communications about project scope and expectations are necessary to avoid misunderstandings and are important in developing realistic project timeframes. It appears the DMH could have developed clearer scope documents and more realistic timeframes and provided better plans in response to warnings from the oversight vendor. Also, prompt actions to remedy performance deficiencies immediately are necessary to ensure compliance with contract terms. Addressing these issues timely might have facilitated system development closer to expected timeframes and costs.

Current Status

Beginning in March 2004, DMH personnel took over the system development with help from Rose personnel. Rose personnel are now on-site and are paid based on hours worked and tasks completed. The DMH also developed a new implementation plan outlining the individuals' roles and responsibilities, quality assurance and user testing, training, and other issues. The CIMOR October 2004 news release indicated that the project's Foundation Release in Spring 2005 would include system

administration, organization management, contract management, service codes, and appropriation/allocation management. The news release also indicated the Consumer and Services Management Release scheduled for later in 2005 should include facility use of the complete CIMOR system.

Summary and Conclusion

It is clear that significant, additional costs will be incurred to complete all aspects of the CIMOR project. We realize the information technology environment is a rapidly changing area and when a long-term program is initiated that involves such technology the potential for additional costs exists. However, the DMH has not developed an estimate of additional expected costs for the completion of the project, and the oversight committee is again expressing concern about schedule overruns in the development of CIMOR phase two functions. It will continue to be critical for the DMH to monitor the project closely to ensure the system contains the required functionality, the anticipated completion date is met, and cost overruns are kept to a minimum.

<u>WE RECOMMEND</u> the Department of Mental Health closely monitor the project progress and development activities. The department should also ensure concerns raised by the oversight vendor are addressed on a timely basis.

In the future, if the department procures a vendor for computer system development and/or system upgrade, the department should ensure the project scope and responsibilities are clearly defined and communicated. In addition, payments to the vendor should only be made when the vendor meets contract terms regarding functionality and the receipt of the software licenses and codes, as appropriate.

AUDITEE'S RESPONSE

Opening Statement:

"The oversight and monitoring by the Department of Mental Health (DMH) of vendors engaged in the development of the department's new computer information system has been inadequate. This deficiency has resulted in cost overruns and system development delays."

Response:

Although we agree in part with the findings, we feel it is important that we underscore the fact that we will soon bring completion to a project that was first presented as a budget decision item in FY 02 forecasting a General Revenue cost of \$22.08 million through FY 05. The actual funding for this projected will be \$16.33 million, all but \$4.68 million funded through federal earnings. Based on these numbers, the entire project is approximately \$5.75 million under budget. The cost to general revenue has been \$17.4 million less than expected. Even with lost opportunity costs included, it is likely that the entire project is within original budget expectations.

The DMH was required to use and was the first agency to employ the Project Management Oversight process under development by the State Office of Information Technology (OIT) and the State Information Technology Advisory Board. We contracted, through OIT, with an independent contractor who reported to OIT and to our own Oversight Group. Although it took almost one year into the project to establish this process, as the first agency to use the process we were also helping OIT to develop a methodology for use with similar projects in other state agencies. This delay did contribute to some problems in development monitoring. Over the course of the project we have worked closely with OIT and the oversight contractor to help improve that process.

We will continue to use this process and will consider any advice from the oversight vendor.

Summary and Conclusion Statement:

"It will continue to be critical for the DMH to monitor the project closely to ensure the system contains the required functionality, the anticipated completion date is met, and cost overruns are kept to a minimum."

Response:

We agree in part.

We agree that continued monitoring is critical and we will continue to use the prescribed oversight process and to consider any advice from the oversight vendor.

However, we disagree with the implication that the <u>project</u> is over budget. The project includes software development and implementation. Some of the decisions that were made during development did increase software development costs. However, the decisions to change platforms were made after careful thought including their effect on long term maintainability and support costs as well as on the cost of initial infrastructure.

The original FY02 decision item for implementation of the system, including infrastructure upgrades, was \$5.9 million. In that decision item, the future funding needs were identified as \$6.1 million in FY03 and \$2.7 million as an on-going budget increase beginning in FY04. Based on those numbers, the funding expected for the entire project (development and implementation) from FY00 through FY05 was approximately:

\$4.68 million	FY00 Decision Item
\$5.9 million	FY02 Decision Item
\$6.1 million	Expected FY03 Decision Item
\$2.7 million	Expected FY04 Decision Item for on-going funding
<u>\$2.7 million</u>	On-going funding
\$22.08 million	

All of this was expected to be funded through General Revenue.

The actual funding approved was:

\$4.68 million	FY00 Decision Item
\$5.9 million	FY02 Decision Item
\$1.75 million	FY03 Decision Item for on-going federal funding
\$2.0 million	FY04 Decision Item for increase in federal funding
\$2.0 million	On-going federal funding
\$16.33 million	

Only the first \$4.68 million was actually funded by General Revenue. Increased federal earnings funded all subsequent decision items.

Based on these numbers, the <u>entire project</u> is approximately \$5.75 million under budget. The cost to general revenue has been \$17.4 million <u>less</u> than expected. Even with lost opportunity costs included, it is likely that the entire project is within original budget expectations.

We believe that the overruns in software costs must be considered in relation to the entire project cost.

AUDITOR'S COMMENT

The department's response is misleading. Since the project was first presented as a decision item, the system's design, size, and complexity have changed significantly. Any attempt by the department to simply compare the initial plan and estimate to the actual project and costs do not appear valid. Furthermore, if any cost reductions were realized, it appears they could have been even greater had the department more effectively monitored the vendors and not paid for items and services that were not provided.

STATE CHIEF INFORMATION OFFICER'S RESPONSE

Thank you for the opportunity to review the draft audit report of the Department of Mental Health Customer Information Management Outcomes and Reporting (CIMOR) System.

I agree with the finding that the CIMOR System is over two years behind the original projected completion date of December 1, 2002. In conversations with the DMH IT Director over the past four months, this appears to be the result of their initial failure to accurately estimate the size and complexity of this system, their failure to fully articulate one or more of what has turned out to be major components of the system and at least two years of reduced funding levels in the state budget process.

It is my understanding that the major portion of CIMOR is completed and will be ready to demonstrate in less than a month. The Department of Mental Health was wise to deploy project management and project oversight since the beginning of this project. I believe these initiatives have significantly contributed to the project staying on course to completion, even if over two years later than the original estimate. The sheer size and complexity of major state agency

systems like CIMOR makes managing the process of developing them very challenging. Scope changes and budget reductions only add to the problem.

In summary, the CIMOR System, while nearly complete, is over two years behind schedule due to some factors under DMH control and some which are not.

HISTORY, ORGANIZATION, AND STATISTICAL INFORMATION

DEPARTMENT OF MENTAL HEALTH OFFICE OF INFORMATION SYSTEMS HISTORY, ORGANIZATION, AND STATISTICAL INFORMATION

The Department of Mental Health was established by the Omnibus State Government Reorganization Act, effective July 1, 1974. State law provides three principal missions for the department: (1) The prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) The treatment, habilitation, and rehabilitation of Missourians with those conditions; and (3) The improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

The Mental Health Commission serves as the principal policy advisor to the department and is composed of seven members appointed to four-year terms by the Governor, with the consent of the Senate. The members of the commission as of June 30, 2004 were:

<u>Name</u>	Position	Term Expires
Clifford L. Sargeon	Chairman	June 28, 2004*
Mary Louise Bussabarger, M.A.	Secretary	June 28, 2006
Shirley A. Fearon, R.N., M.N.	Member	June 28, 2004*
George J. Gladis	Member	June 28, 2005
Larry A. Jones, M.D., M.B.A.	Member	June 28, 2006
Alan Baumgartner	Member	June 26, 2005
John N. Constantino, M.D.	Member	July 23, 2007

^{*}Continues to serve until a replacement is appointed.

The director of the department is appointed by the Mental Health Commission with the consent of the Senate. Dorn Schuffman, was appointed Director on December 17, 2001, and continues in that position.

The Office of Information Systems (OIS) is responsible for the development, operation, and coordination of the department's computer information systems, including clinical systems and financial and administrative applications. Organizationally, the OIS consists of four main groups: Software Services, Technical Services, Project Management, and Facility Information Technology (IT) Coordination.

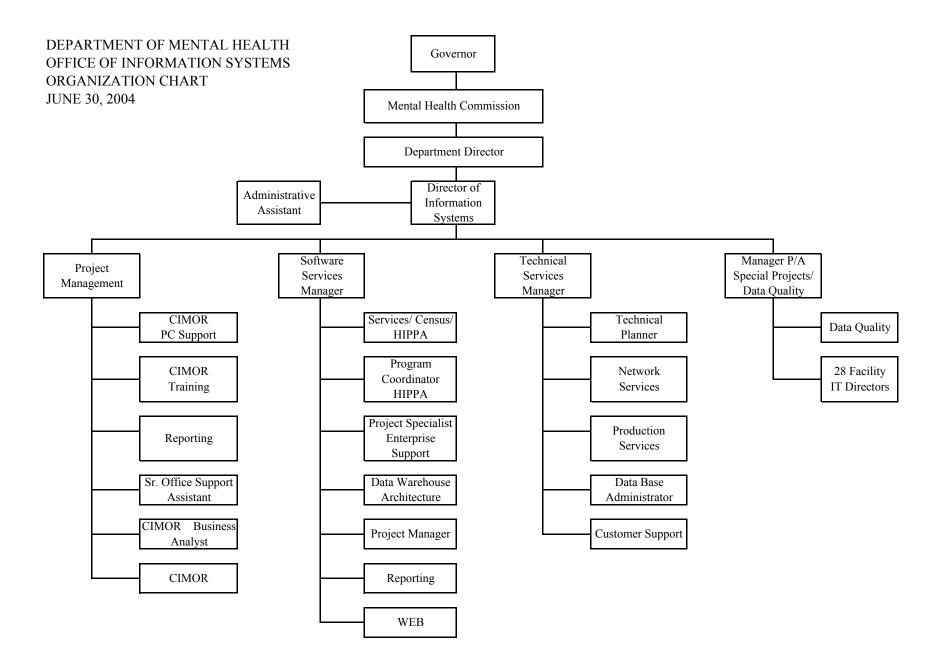
Software Services provides software application development, application maintenance, application support, database administration, and decision support to OIS customers. This group supports applications, data bases and reporting requirements on multiple platforms.

Technical Services provides technical leadership, support, and consultation to OIS customers for: E-mail, Internet, Local Area Network and Wide Area Network services; and NT and other server maintenance, administration, and support; Help Desk and PC Support. This group also provides production support for various hardware platform environments.

Project Management is responsible for assuring that project management practices are applied to departmental IT projects. This group is responsible for the CIMOR project management, and provides coordination between IT projects.

Facility IT Coordination is responsible for communication and coordination between and among the OIS and the IT directors of the department's various facilities. This group also is responsible for SAM II coordination and data quality issues.

At June 30, 2004, the Office of Information Services had approximately 74 employees. An organization chart follows:



Appendix A

DEPARTMENT OF MENTAL HEALTH OFFICE OF INFORMATION SYSTEMS COMPARATIVE STATEMENT OF APPROPRIATIONS AND EXPENDITURES TWO YEARS ENDED JUNE 30, 2004

	2004			2003		
			Lapsed			Lapsed
1	Appropriation 1	Expenditures	Balances	Appropriation I	Expenditures	Balances
_			_			_
\$	3,026,629	3,018,148	8,481	3,185,287	3,080,243	105,044
	2,793,259	2,793,259	0	3,257,554	2,455,424	802,130
	5,819,888	5,811,407	8,481	6,442,841	5,535,667	907,174
MENTAL HEALTH INTERAGENCY PAYMENTS						_
	2,800,000	2,606,771	193,229	2,800,000	2,628,546	171,454
	41,240	34,342	6,898	40,640	39,713	927
	2,006,691	2,006,691	0	1,756,691	1,438,084	318,607
	2,047,931	2,041,033	6,898	1,797,331	1,477,797	319,534
\$	10,667,819	10,459,211	208,608	11,040,172	9,642,010	1,398,162
	\$	\$ 3,026,629 2,793,259 5,819,888 ENTS 2,800,000 41,240 2,006,691 2,047,931	Appropriation Expenditures \$ 3,026,629	Appropriation Expenditures Balances \$ 3,026,629 3,018,148 8,481 2,793,259 2,793,259 0 5,819,888 5,811,407 8,481 ENTS 2,800,000 2,606,771 193,229 41,240 34,342 6,898 2,006,691 0 0 2,047,931 2,041,033 6,898	Appropriation Expenditures Lapsed Balances Appropriation Expenditures \$ 3,026,629 3,018,148 8,481 3,185,287 2,793,259 2,793,259 0 3,257,554 5,819,888 5,811,407 8,481 6,442,841 ENTS 2,800,000 2,606,771 193,229 2,800,000 41,240 34,342 6,898 40,640 2,006,691 2,006,691 0 1,756,691 2,047,931 2,041,033 6,898 1,797,331	Appropriation ExpendituresLapsed BalancesAppropriation Expenditures\$ 3,026,6293,018,1488,4813,185,2873,080,2432,793,2592,793,25903,257,5542,455,4245,819,8885,811,4078,4816,442,8415,535,667ENTS2,800,0002,606,771193,2292,800,0002,628,54641,24034,3426,89840,64039,7132,006,6912,006,69101,756,6911,438,0842,047,9312,041,0336,8981,797,3311,477,797

Note: Certain other information systems expenditures were charged to other department appropriations.

The lapsed balances include the following withholdings made at the Governor's request:

	_	Year Ended June 30,		
		2004 2003		
General Revenue Fund -State	_			
Personal Services	\$	8,481	105,044	
Expense and Equipment	_	0	801,878	
Total General Revenue Fund - State	\$	8,481	906,922	

Appendix B

DEPARTMENT OF MENTAL HEALTH

OFFICE OF INFORMATION SYSTEMS

COMPARATIVE STATEMENT OF EXPENDITURES (FROM APPROPRIATIONS)

		Year Ended June 30,			
		2004	2003		
Salaries and wages	\$	3,052,490	3,119,957		
Travel, in-state		33,356	22,769		
Travel, out-of-state		432	247		
Supplies		70,217	8,922		
Professional development		83,520	103,482		
Communication service and supplies		685,227	747,029		
Professional services		2,370,952	983,233		
Maintenance and repair services		902,673	859,499		
Computer equipment		3,215,599	3,691,038		
Office equipment		0	320		
Other equipment		14,300	5,076		
Property and improvements		0	5,865		
Debt service		1,469	5,602		
Equipment rental and leases		28,976	88,956		
Miscellaneous expenses		0	15		
Total Expenditures	\$	10,459,211	9,642,010		

Appendix C

DEPARTMENT OF MENTAL HEALTH
OFFICE OF INFORMATION SYSTEMS
DEPARTMENT-WIDE COMPUTER EQUIPMENT
COMPARATIVE STATEMENT OF EXPENDITURES (FROM APPROPRIATIONS)

	Year Ended June 30,					
	2004	2003	2002	2001	2000	
Computer equipment under \$1,000 \$	1,327,402	1,786,608	3,226,967	0	0	
Non-mainframe computer equipment	577,986	660,407	2,209,933	1,515,186	2,117,665	
IT network and communication equipment	190,680	0	0	0	0	
Mainframe equipment	687,379	20,936	121,547	1,139,768	866,071	
Non-mainframe computer software	493,990	1,192,732	560,577	789,226	608,153	
Mainframe computer software	226,656	0	0	0	0	
Other computer equipment	0	214,840	2,118,221	483,888	722,355	
Total \$	3,504,093	3,875,523	8,237,245	3,928,068	4,314,244	

Note: Computer equipment purchases were charged to appropriations for the Office of Information Systems and various other department facilities and offices.